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ORIGINAL DEPARTMENT.

Communications.

DISPLACEMENTS OF THE WOMB.

A Paper read before the Medical Faculty of Caroline County, Md., at Denton, Oct 26, 1867.

By STILES KENNEDY, M. D.

"— had suffered many things of many physicians, and had spent all she had, and was nothing bettered, but rather grew worse."

Mr. President, and Gentlemen of the Faculty— I propose to occupy your time to-day, in obedience to your request, on Displacements of the Womb; but do not imagine that I am going to make a fashionable, if not formidable, raid on that important little organ. I shall only give you the benefit of my own experience and observation, taken mostly from carefully prepared notes by myself and a few professional friends.

You are aware that displacements of the womb constitute a large proportion of the diseases of that organ, and although these diseases may be more frequent now than at any previous time, there is no doubt of their having been known by the ancient practitioners. HIPPOCRATES, by his writings, was cognizant of the disease, and from his practice, I do not think his ideas were less philosophical than those propagated in our day, while philosophy is so cheap, and mushrooms so plenty! I believe it was SORANUS, a very distinguished surgeon of his day, who extirpated the womb in cases of prolapsion, and recommended it. If he were living now, he would doubtless belong to the tunnelers. HUNTER, about the time of our colonial troubles, wrote a monograph on retroversion, and I think this was the first treatise on this affection as a special surgical disease.

You are doubtless familiar with the usual divisions or characters of displacements of the womb, according to the new position taken by the organ, ante- and retro-version, prolapsion, and obliquity, besides the *flexions*.

Few diseases are more troublesome to the patient and surgeon than those under considera-

tion. Painful, annoying, loathsome, and dispiriting to the patient; and to the surgeon often unmanageable, frequently incurable, or constantly recurring, of doubtful pathology, obscure diagnosis, and uncertain remedial tendency. Let your own reflections count how often you did not know what to do, or, having instituted your treatment, how often you have watched its signal failure, and how your sympathies would warm toward those you failed to help, those that we hold most dear in life, whose kindly acts, cheering words, and bright smiles urge us on to manlier deeds and nobler purposes, whose beautiful memories we ever keep green in the holiest tabernacles of the heart—our wives, friends, relatives, and sweethearts.

These displacements occur in the gravid uterus and in the virgin, but most frequently in the non-gravid state of the married woman. The following represents the proportion of my own cases of which I have notes:

	Pregnant.	Virgin.	Married and non-gravid.
	1	1	18
From others,	5	1	38

The five cases occurring during pregnancy, which I learned from professional friends, I take to be rather larger than the rule. For in one case the patient moved off, and my friend lost sight of her, and the diagnosis, or rather the cause of the displacement—pregnancy—was doubtful at the time. And in another case, to the best of my judgment, the embryo died at its third or fourth month, and was carried in the womb at least two months. So that, although the displacement may be put down as occurring in pregnancy, yet it was at the time an abnormal condition, and we have no reason to doubt, that if the fœtus had grown, and the womb mounted the sacral promontory, or aborted, and left the womb to contract to its normal size, that the displacement would not have occurred.

If you will allow me to take retroversion as the type of displacements, I shall proceed now to the discussion of the formula which I have thought proper to place before you, with two drawings.*

* After Dr. E. P. BANNING; already given in the REPORTER for July 7th, 1866. (Vol. xvi. No. 1.)

representing two striking and important conditions of the human frame and its organs. They are sufficiently large, I hope, to be distinct to all.

You will observe that I have divided the causes of displacement of the womb into three classes: the predisposing, mediate, and immediate. This division is arbitrary, and the classification could be easily arranged differently, but I think the one adopted will fix quite definitely what I have to say upon your minds.

By predisposing causes, I mean those causes which nature herself has imposed on the economy, without stopping to discuss the philosophy of extremists, that nature does nothing wrong, nor the scriptural dogma, that the sins of the father fall upon the innocent.

All will admit the effect of consanguinity upon the constitutions and organism of progeny, and, although I am willing to admit its effect in disparaging and vitiating the general body, I am far from accepting the professional teachings on the subject as law, or as a reasonable theory; to carry it to every extreme point, and shield our ignorance behind it on every occasion, and by it to account for everything or anything that our reason will not let us dispose of otherwise.

Human beings have *temperaments*, and we do not lose sight of them in the treatment of disease, in our daily examinations of patients, in our prescriptions, in our social intercourse, nowhere, in fact, do we lose sight of the value and character of temperament, but right here—while it is evident that human temperaments have definite laws, and that every infraction of the law carries with it a penalty.

If half the time and study had been bestowed by the profession on the value of temperament in the two sexes in marriage, that has been given to consanguinity, we would be occupying more vantage ground than we do.

That certain temperaments in both man and wife will produce certain temperaments in the children, there is no doubt, and I may venture the opinion, that the encephalic combined with the bilious temperament, or both of them with the sanguine, in *man and wife*, will produce children of feeble organic vigor, and worthless, sickly men and women.

I have not time to pursue this interesting subject, for it is worthy of a whole lecture. I throw out these suggestions, wishing to draw you into this channel of investigation.

The disease under consideration will weaken the organism, poison the mind, and breed a host of ills, but under a curative management, the constitution rebounds and regains its accustomed

vigor. But not so in the organically feeble body. Remove the acquired disease if you can, and the walking spectre still hangs around, pleading for that which you cannot give. The physician has no more perplexing patients than these.

By mediate causes, I mean those that occupy the ground between original organic weakness and the immediate or sudden causes of displacement, and the one we are most apt to notice on first sight of a patient, if it exists as an acquired malformation of the frame of the body, and a consequent ill arrangement of the internal viscera. Nothing has contributed more to this acquired form than the mode of dress adopted by our women of late years. All physicians agree that displacements have greatly increased since bodies and suspenders were left off petticoats, and bustles and corsets substituted. Our grandmothers were taught to walk as straight as arrows, while our daughters must have the Grecian bend, with their wasp-like waists secured by steel and cords. They crowd the whole abdominal viscera down upon the poor little womb, and as it is not fashionable to urinate, the distended bladder pushes it over, and the doctor must be sent for, and he proceeds, with speculum and hooks, balls, rings, and so on, to replace it, and this is done to-day, and to-morrow, and the day after.

You have before you the full-grown body in health, and every organ in its normal position. You will recognize it in Fig. 1. You will observe the axial line passes through the nape of the neck, the hollow of the back, the hip-joint, knees, and ankles; these are the points of motion, and by disturbing permanently the motion of these points, you also disturb the relations of every internal organ. You notice the curvatures of the spine. A line drawn through the length of the lower one would come out of the breast-bone, and a line drawn through the upper portion of the curvature would come out at the shoulder-blades. The point of crossing is the centre of gravity, and it should always be kept in that position. These normal curves are not inimical to the erect position, but aid it, for you see the abdominal muscles are placed upon the stretch, thus vigorously supporting the internal organs. The chest is well expanded. There is plenty of room between the floating ribs and pelvis, and there is no encroachment upon their organs.

Now look at Fig. 2. The axial line passes through the nape of the neck, through the centre of the body some distance in front of the spinal column, but it strikes the hip, knees, and ankles,

as before. The centre of gravity no longer rests on the dorsal vertebræ, but near the stomach and directly over the womb. The supporting power of the abdominal muscles is gone, for they are relaxed. The back-bone is pushed behind its normal position, and more or less of the weight of the whole internal viscera falls upon the pelvic organs. Can any one doubt that this bad formation of the body and the consequent derangement of its important functions should not affect the womb as certainly and as sensibly as any other important viscera? Yea, ten thousand times more likely to do so. But this belongs more properly to the pathology of the disease, which I shall offer.

I have already indicated another frequent cause of displacement of the womb. I mean, distension of the bladder from accumulated urine. The inference from what the books say, would lead us into the opinion that this cause operates suddenly. That is, the retroversion is produced by the first serious disturbance of the bladder. But this does not agree with my judgment or observation in such cases. For upon inquiry of the patients and of surgeons, I have invariably found the displacement to occur only after repeated distensions. To be sure, the retroversion took place immediately after some special and perhaps aggravated inconvenience, but there had been antecedent misfortunes which had been overlooked. In fact, the frequent distensions of the bladder are necessary for it to gain sufficient size to contain the urine in protracted cases, so that the womb can be thrown back by it. Distension of the bladder is so exceedingly painful that it must be emptied, but by the repetition the size which caused intense pain to-day, when it was voided, will produce little or no pain at the same size to-morrow, for the organ is ready for a still further distension. It must be remembered also, that the stretch upon the front ligament in such cases is very great. The pain from this alone would be so intense that evacuation would be required under the most provoking circumstances. But when the distensions are repeated, their yielding is gradual and less noticed.

Weakening and lengthening of the ligaments of the womb are constantly laid down as orthodox causes of displacement. But there is neither sound philosophy nor pathology in this reasoning, (save under one single circumstance,) for the identical causes of the displacement are the causes of the defection of the ligaments, and we have nearly as much right to say that the womb weakens the ligament by falling, as that the

womb falls by reason of the weakened ligaments, *per se*. Does not the distended bladder operate on both womb and ligament simultaneously? Does not the cachectic trifling constitution pervade every tissue, or are these ligaments under the special protection of Providence? and why not the malformed body, with its drooping organs and squeezed viscera, press upon and stretch the ligaments at the time it affects the womb by superincumbent weight. The ligaments are not made of cast iron, or they would not be ligaments. Then why expect so much of them, and overlook the real cause which operates on both womb and ligaments simultaneously.

I have seen two cases of displacement follow abortion. Now, authors tell me that it was because the ligaments did not contract. I say they do, if allowed to. Where they can find no other reason for the displacement in any given case, then they may guess, as they always seem to have done, that the ligaments are at fault. Why should not the ligaments contract? Is the uterus faultless? no congestion, no increased weight? does it rapidly come to its normal condition in size, weight and position? and then the organs above, are these hearings definite and normal, constitution vigorous? and these poor ligaments all that is weak in the body!

You tell me that repeated retentions of urine distend the bladder far beyond the normal size, and why not frequent abortions so distend these ligaments that they cannot sufficiently contract? I admit it, but abortion under such circumstances is as terrible a disease as it is an awful crime, under other circumstances. Cure the disease, prevent the abortions, and you stop the operation of the cause, and your patient will be cured.

Where women have carried and borne children for a great number of times, I have thought that these ligaments had been so stretched as to allow a displacement, and certainly it is more reasonable to conclude so in these cases, for the stretching is far greater and continued for a much longer time; but I have always found other reasons, which were more satisfactory to me. And if these frequent pregnancies so stretched the ligaments that they could not contract, I should call such conditions abnormal. For if the normal performance of a function produces evil to the economy, endangering life and destroying happiness, what else is it? At least we may commit an Irishism, and say that it is an abnormal normal condition. I am willing to confess that disease may attack primarily any organ or tissue of the body, but as yet I am unable to detect and diagnose anything especially affecting these front

ligaments, that would tend to produce the disease in question. Another mediate cause is *prostitution*, which acts in a threefold manner, by over exercise of the vagina, by producing disease, and by debilitating the general constitution. These are not noticable at first, but wine mocks, and the voluptuous breast heaving under libidinous inspirations will soon flatten. The beautifully artistic lip, with its bewitchingly lecherous smile, will soon pale, and the lascivious wave of glossy tresses will grow dry and crisp, and the form moulded after God's own image, will be thrown a wreck on the devil's barriers.

So surely as Heaven's lightening leaves behind it the blistered, blackened traces of its fury, so surely does this awful infraction of Heaven's law beget the blighting, blasting terror of its penalty. The penalty may be long in its coming, strong drink is raging, and in the seething whirl of wretched joy months and years may pass, but the Cyprian has her bidding, and though she may "have decked her bed with coverings of tapestry, with carved works, and with fine linen of Egypt," yet "her house is the way to hell, going down to the chambers of death." Her "fill of love until the morning" will not sweeten that remorse, terrible as the bitterness of God's wrath.

It is impossible to view the wild ravages made by this kind of life on the physical well-being of the unfortunate, without coupling with it the mental and moral disturbances, to say nothing of that future life, which we should never lose sight of in our intercourse with the sick.

A friend in whom I have the utmost confidence, has assured me that he met with one case of displacement—*ante-version*—which after the most thorough investigation he concluded to have been caused by the large size of the male organ. The woman was small but of fine form and development, and her husband was quite large in frame and limb, and he is sure that the proportional difference in size and stature, would satisfy any one on this point.

Some ten years ago I heard Dr. LEIDY infer a disbelief in such opinions from purely anatomical grounds, the peculiar structure of the vagina, but I suppose he only meant it as the rule, and my friend's exception would prove this rule. But I do not think this cause so rare as either my friend or Dr. LEIDY seem inclined to.

Where the disproportion between the sexes is great, the vagina is necessarily put upon the stretch, so are the ligaments. If this is continued for some time, there is no reason in the world if the *glans* strikes the anterior lip of the *os*—which is the nearest line from the pubic bone

at its lower edge to the organ—why it should not be turned forwards. And then again if the body is bent forward from any cause, so that the correct axial line is lost, the centre of gravity falling in the centre of the bowels, the whole abdominal viscera drooping, hanging and pressing upon the pelvic organs, and the womb thus occupying a lower position, and instead of being in front of these lines, is directly in them, the *glans* would strike the posterior lip and elevate the *os*, depressing at the same time the fundus, producing *retro-version*.

In my own practice I have met with one case of this kind, and so far as the male organ is concerned, in this case, I should place it in the list of causes.

The vagina is the pedestal upon which the womb stands, and of course as you weaken its walls you destroy its value.

The inordinate extent to which tight lacing is carried by the women of this age, has much to do with the prevalence of uterine displacements. By this process you understand that the viscera are forced *downwards*, when the supporting upward tendency of the abdominal muscles is paralyzed. So with many of the instruments designed as supporters, their action is either misunderstood, or as is more frequently the case, wholly and entirely false in their mechanical workings.

Of the *immediate* causes of womb displacements, sudden falls, furnish the most appreciative list. Generally the effect in such cases is easily traced back to its cause, and the physician is not a little perplexed by a series of questions, the answers to which are often contradictory and inconsistent. Not long since, a lady on leaving the Orphan's Court room below, slipped her feet from the stone next the door sill, and fell with full force on her ischiatic protuberances, her body in the vertical position. These "slips" are of fearful surgical import. When the patient is over forty years, you may look out for those serious fractures of the neck of the femur, severe strains or sprains of the pelvic ligaments and muscles, and those troublesome spinal pains so incessantly recurring in the physician's daily routine. And whether or not these sudden falls produce the trains of symptoms usually ascribed to them, you and I have doubtless been often unable to decide, and it is for this reason alone I call your attention to the matter. In the case above referred to, I was called twenty-four hours after the accident, and found the patient suffering severely with pains of every conceivable and describable nature, through her pelvis, abdomen,

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chest, head and limbs, at irregular and uncertain moments. Now an intense pain in the back, now an insufferable headache, and now again in the very pit of the stomach.

Before the symptoms were described, the history of the fall was given; and as the lady was scarcely forty years of age, I suspected the trouble; and as the symptoms were revealed, I had my conceived ideas of the trouble clearly made out. I told the patient of my suspicions, and she consented to a vaginal examination by the touch.

I found at once a complete *retroversion*. I replaced the womb, and in half an hour the patient was in a quiet sleep.

Just ten years ago, a woman in a back western town, while recovering from a severe attack of remittent fever, and while exceeding weak, fell from exhaustion while crossing her room. She was taken suddenly worse, and two professional and personal friends of mine attended her for three months, during which time she scarcely left her bed. She was treated for typhoid fever, hepatitis, conjunctivitis, neuralgia, and gastritis. I was called to see her while under treatment for the last mentioned disease. After an examination, that lasted some two hours or more, I expressed to my friends my opinion that the trouble was a retroverted uterus. Speculums, caustic holders, pessaries, etc. etc., were brought immediately. I examined with my hand before the paraphernalia were exposed, and found the womb imbedded up and down in the pelvic integuments. Chloroform was administered, and by the use of an old spatula, bent and wrapped with oil silk and greased, and with large injections into the rectum, I succeeded in replacing the womb. We were in the house eight hours, and when we left that night, the patient expressed herself more comfortable than she had been for many weeks, and she speedily recovered.

These cases are mentioned simply and only to impress upon you the very great importance of a proper knowledge of the diseases in hand, and the exceeding importance of a thorough antecedent history of the cases.

I will now pass to a discussion of the pathology of uterine displacements.

[To be continued.]

— THE DUBLIN LYING IN HOSPITAL is regarded as one of the best hospitals in the world. Since its foundation in 1743, (122 years), 189,000 women have been delivered in its wards. There have been 2,550 deaths of women, and 6,850 of children. The number of still-born children has been 10,650.

DESCRIPTION OF AN INHALING APPARATUS FOR THE SAFE AND ECONOMIC ADMINISTRATION OF THE ANÆSTHETICS AND MEDICAL VAPORS.

By D. H. GOODWILLIE, M. D.,

Of New York City.



Description.

- a. Bottle loosely filled with a sponge.
- b. Tube passing to the centre of the sponge, conveying air.
- c. Tube conveying vapor from the bottle.
- A. Faucet containing the inhalation and exhalation valves and air passage, and revolving one sixth of a circle.
- C. Face piece fitting the mouth and nose. (Two sizes.)

FIG. 2.

Faucet with the valves.

- A. Inhalation valve for the passage of the vapor.
- f. Exhalation valve for the breath to pass out.
- j. Passage for the vapor in inhalation and the breath in exhalation.
- g. Fresh air passage, with an index to show the quantity of vapor or air being inhaled at any given time.

Fitting close over the nose and mouth is the face piece (c) connected to a facet which con-

tains the valves. This inhaler is joined by an elastic tube to the bottle (a) which contain a sponge and the anæsthetic fluid.

To the centre of the sponge air is admitted by a tube (b) to produce evaporation during the inhalation on the upper half of the sponge, the lower part of the bottle never to be filled more than half full with the anæsthetic fluid. The revolution of the facet on the inhalation valve (Fig. 2. h) and air passage (g) regulate the amount of vapor or air, and show by the index at (g) the amount being inhaled at any time, of vapor and air.

The inhalation valve and air passage are divided into five parts—four of which the facet revolve over, and the fifth always admits fresh air. The increase or decrease of vapor or air depends on the revolution of the faucet from 1 to 4, or 4 to 1 on the index. As the vapor increases, the air decreases in the same ratio—4 on the index being the maximum amount of vapor and the minimum amount of air.

For example, revolve the facet to 2 on the index, and then two parts of vapor and three parts of air are inhaled. By the gradual inhalation at first, the air passages become accustomed to the vapor, and there is less spasm of the epiglottis, struggling and sickness. Narcotism is quietly produced and kept up by a very small amount of vapor. Chloroform or ether having no action on the sponge, they can be kept in the bottles ready for use.

In the administration of nitrous oxide, no air is required, so the facet should be turned to close the air passage.

Air can be admitted, if desired, in the administration of any medical vapor.

VESICO-VAGINAL FISTULA.

By GEO. B. FUNDENBERG, M.D.,

Of Cumberland, Md.

Mrs. N., of Pa. aged 25, called on me a short time ago, complaining of a constant stillicidium of urine per vaginam. She stated that a year ago, she had a tedious labor with her first child, to assist which the forceps was used. She observed nothing amiss, until in the fourth week after delivery, when she noticed that the urine passed drop by drop through the vagina. An examination revealed an oval opening in the trigone of the bladder, on third of an inch in length.

As the parts were in a healthy condition, after unloading the bowels by an aperient, I operated upon her on the 22d Nov. 1867, assisted by Dr. T. HEALY, Jr. I had sent for instruments suit-

ble for the operation, but as these did not arrive in time, I was compelled to extemporize others as well as possible. The case was not a difficult one, but may serve to show, that the formidable array described by authors is not indispensable.

The patient was placed upon a common lounge without a back, the hips brought down to its foot, and resting upon a hard pillow, the woman lying upon her left side, the left arm drawn back behind the body, so as to throw the chest and abdomen into a diagonal position, with the knees well drawn up. The foot of the lounge was then raised a foot high by a box placed under it.

EMMETT's modification of SIMS' speculum, with the hinge improvement, was then applied, the edges of the fistula pared by a common eye-scissors curved on the flat, two wire ligatures were introduced with small sized surgeon's needles, by means of a needle holder, counter pressure was made by a blunt hook found in a strabismus case, the wires adjusted by a perforated tooth brush handle, and secured by perforated No. 3 shot, which were compressed by a common pliers. Two self-retaining catheters were made by bending the common female catheter. Upon the eighth day the wires were removed, when it was found that perfect union had taken place. She was kept in bed a few days longer, wearing the catheters and then returned to her home as well as ever.

The interest of this case does not lie in the operation, for this has become so common that every tyro in surgery does not hesitate to undertake it, but it is in reference to the position of the patient and the kind of speculum used that I wish to say a few words.

The position upon the knees and elbows which is so generally recommended, may be more convenient in certain cases, but I cannot conceive what advantages can be derived from it, that cannot be had in the position above described. No chloroform was used in the above case, nor do I think I would use it, unless the patient was remarkably timid. For with the position above described and with the speculum named, there need be no more exposure than with the ordinary speculum examination, the patient is at complete rest during the operation, and the crowd of assistants required when the patient is upon her knees and elbows is no longer necessary.

As regards the speculum, SIMS' instrument, which requires an assistant to hold it, and holding which will tire the stoutest person, is much inferior to EMMETT's modification, which is self-retaining, and which with the hinge improvement constitutes an instrument most admirably adapted

to the operation. So delighted am I with the complete view which this instrument affords of the whole vagina and os uteri, that I am induced to believe the point of perfection has very nearly been reached. There can be but one improvement added. If some ingenious mechanic could attach a pair of moveable narrow plates of varying sizes, expanding with a screw and fitting to the sides of the labia and os externum, there could nothing more be desired. As it is, it is a magnificent improvement, simplifying the whole operation and obviating the disagreeable necessity of numerous assistants. In the operation detailed above, I had but one, and with this speculum could have dispensed with him.

**CASE OF MUSCULAR ABSCESS: EMPYEMA:
PERICARDITIS: DEATH: AUTOPSY.**

By JAMES B. BURNET, M.D.,

House Physician, Bellevue Hospital, New York.

George Reiser, *et. 33 years*, was born in Germany; has been in this country for nine years; is single, and a butcher by occupation. He was admitted in Bellevue Hospital on August 31st. Last spring he was exposed to cold and wet, after which the following symptoms showed themselves, *viz.*, pains in the shoulders, right side and back. During the summer, the pain left his side, and he then complained of it in his knees, which, together with the pain more or less constant in his elbows and shoulders, constituted his trouble at the time of admission.

September 22d. It has been four days since he has had a passage from his bowels, although he has taken castor oil. A dose of salts and senna has been ordered, which with six pil. cathartic *co.*, has not yet produced the desired effect.

September 27th. Each day since the 22d inst., he has taken large and repeated injections of water, the result of which has been the discharge of a quantity of scybala. He to-day complains of paroxysms of severe pain extending from the right side over the epigastrium, as far as the umbilicus. A slight yellow tinge also shows itself in the conjunctivae and on the forehead. The right lumbar region is very tender to the touch, and also the seat of constant pain. He also occasionally vomits. His pulse is natural. He has a very poor appetite, and is able to get but very little sleep.

October 1st. His bowels still continuing costive, oleum tiglii has been prescribed.

October 5th. The pain in the side is not relieved, and over the posterior aspect of the right

hypochondrium, a tumor of considerable size, having its apex on the 10th rib, may be defined. Face is quite flushed, and the pulse has increased in force and frequency.

October 6th. Tumor presents about the same appearance as yesterday—pulse 120.

October 9th. This morning the condition of the patient shows an unfavorable change. The pulse is 164, and hardly perceptible. Respiration is 52, with a very anxious countenance. He states that last evening about 11 o'clock, he suddenly experienced a sensation as if something had broken and passed through his chest up to his shoulders, and at once he was affected with marked dyspnoea. Physical examination of the chest reveals the absence of the respiratory murmur anteriorly on the right side, and posteriorly no respiratory sounds, while on the left side they are all much exaggerated. By percussion there is perfect dullness on the right side. The tumor has almost entirely disappeared.

October 10th. Pulse to-day is 130, and more full. By means of several doses of solution morphia sulphat: the patient has slept some few hours.

October 11th. General condition of the patient to-day is more comfortable. Pulse is 124. Last night he had a spontaneous dejection. Ten days ago he had a passage from his bowels by means of oleum tiglii, but since that time he has had no evacuation. He seems to lie with more ease on the right side, which has been the position preferred by him ever since he has been under observation in the hospital. At first he complained of decubitus on the left side, causing pain in the right hypochondrium, but since the evening of the 8th inst., he finds that it brings on uneasiness in the cardiac region.

October 13th. Pulse to-day is 118. Patient complains of pain in the right chest, and is able to sleep but little. Auscultation gives on the right side posteriorly and inferiorly, bronchial breathing. The fluid occupies now about two-thirds of the right thoracic cavity.

October 14th. Pulse is 120, with the face more suffused.

October 16. To-day the pulse is 118. Respiration 46 and difficult. Edema about the right eye. In the right mammary region there is a tumor with fluctuation, which was opened at a point about two and a half inches to the right and below the nipple, from which only serum escaped. Failing to reach pus at this point, paracentesis thoracis was performed, which, from the supposed thickness of false membrane, also failed.

October 18th. Since the 11th inst., the patient has had no passage from his bowels. One drop of oleum tigllii has been prescribed, the result of which has been only two small stools.

October 19th. The patient was unable to sleep last night. This morning the pulse is 114; respiration 38. The tumor has reappeared in its original situation; is very tense with no fluctuation. Dullness on percussion extends four and three-quarter inches above the level of the puncture. Subcutaneous injection of sol. morphiae sulph., (Mag.) has to-day relieved the pain in the side.

October 20th. Pulse to-day is 110.

October 22d. Has dyspnoea. He says "he can't get wind;" his pulse is 124.

October 23d. Find the pulse 118; respiration 44.

October 24th. Patient's head to-day is covered with a cool sweat, and his pulse is 132. He says that he sweats during the night, and for some short time past during the day.

October 25th. To-day pulse is 116.

October 26th. Distinct fluctuation in tumor; pulse 126.

October 27th. Pulse is 118. Tumor enlarged and fluctuation more distinct. To-day at 3.30 P. M., tumor was opened and about three gills of pus evacuated. At 6 P. M., pus continues to be discharged.

October 28th. Pulse to-day 116; respiration 44.

October 29th. Pulse 120; respiration 58. He has no chills; sweats at night. Pus continues to be discharged from the opening. Last night pain in the affected side was relieved by subcutaneous injections of sol. morphiae sulph. (Mag.) On clearing the opening about eight ounces of thin reddish-brown purulent fluid was discharged from the tumor.

October 30th. Pulse is 120; respiration 32. A free discharge of pus took place from the opening during the night. The effusion is subsiding and the chest diminishing in size.

October 31st. Pulse to-day is 116. Tinct. ferri. muriat., and sol. quinia sulph., prescribed.

Nov. 2d. Pulse 136; respiration is 44. He refuses to take beef-tea. Have ordered it to be given by injection.

November 2d, 3 P. M. Since morning his breathing has become very rapid, his face is wet with perspiration, and he complains of severe pain in the left side.

Auscultation shows that there is pneumo-hydro-thorax on the right side. Brandy, tr. opii., and spt. aeth. co; have been prescribed. At 10, P. M., died.

Autopsy thirty hours after death. Rigor mortis not marked. Large man, not much emaciated; tissues flabby. Head not examined.

Thorax. On cutting the costal cartilages and attempting to raise them as usual, strong adhesions were found existing between the lung of the right side, and the parietes of the thorax. Removing these and raising the detached costal plate, pus in large quantities escaped; the right pleural cavity seemed to be about half full of thin bright yellow pus. Washing the cavity out, the adhesions were found to be very abundant and strong; in fact the lung was completely encased. A small opening was found, which communicated with the substance of the lung. Another pierced the intercostal tissues, and made its appearance near a point corresponding with the external incision. At this point in the examination, the subject was turned on his face, and the external opening posteriorly examined. A large deep seated excavation, which consisted of many sinuses, leading in all directions, was found: one of them perforated through the tenth intercostal space into the pleural cavity just above the insertion of the diaphragm. The pericardium was filled with fluid, and quantities of flocculent fibrinous material, covered the surface of the heart.

Druggists Practising Medicine.

Some of our druggists in San Francisco have a passion for prescribing, and are quite well known among physicians as meddlers in this direction. They do not content themselves with concocting and advertising syrups and mixtures for coughs and various diseases, but they are ready to prescribe at their shops for any case that presents. We have now a patient suffering grievously with secondary syphilis, which was developed after he had been "cured" of chancre, by an apothecary who is notorious for his quackery. We know of another apothecary who is in the habit of commenting on prescriptions that are brought to his shop, and even changing them. This man, who has had no medical education, goes out to visit patients and to practice obstetrics, whenever he can get a job. A few months ago a woman died in child-bed under his charge and he had a narrow escape from a suit for malpractice and manslaughter. If these officious gentlemen knew to what extent they are the subjects of private report and censure among physicians, and with what care practitioners who are acquainted with their tricks, avoid sending their prescriptions to them, they might possibly mind their own business. It is the interest of all respectable apothecaries to shun such practices, and to coöperate with physicians in entering on the black list the names of those who are guilty of them.—*Pacific Med. and Surg. Journal.*

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
November 9th, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Ophthalmitis.

J. L. C., æt. 28. This man comes here from the interior of the state, on account of inflammation of both eyes, under which he has labored for four years. He is a stout hale looking man; his general health is good; has not lost much flesh. This inflammation came on while he was in the army. He holds his head down and pinches his eyelids spasmodically so as to exclude every particle of light. There is an expression of uneasiness in his face. The eyelids are adherent in the morning with some firmness, the eyes water some, and there is great photophobia. The pain in the eyes is of a sharp character, extending up into the head on the right side.

On everting the upper lid of the right eye, it was found to have a scarlet appearance, and upon minute inspection discovered to be strewed with granulations, similar to those observed upon a granulating wound or ulcer, the result of inflammation, hypertrophy of the mucous membrane along with interstitial deposits of fibrin. The lower lid is in a similar condition, quite as red and as freely covered as the upper with these granulations. The cornea is opaque, the opacity having a hazy appearance. The conjunctiva and sclerotic coat are of a fiery red hue. In the left eye there is atrophy of the cornea, greater opacity than in the cornea of the right side, and an obliterated state of the pupil, with all the evidences of violent conjunctivitis and scleritis.

Inquiry was then made into the symptoms to ascertain whether there is reason to suspect inflammation of the choroid and retina. In the right eye he has had flashes of light, corruscations for about three weeks—never any in the left eye. There is no perception of light in the left eye at all, but there is a slight sense of light in the right. He has most pain in the eyes at night, generally lasting from 12 to 4 o'clock, associated with hemicrania. He has never had any rheumatism in any of the joints, nor any malarial disease; his health was good at the time the disorder was contracted.

This case is one of ophthalmitis, an inflammation not of one particular portion of the eye, but an inflammation of all its structures. One of the best evidences of the involvement of the deeper portions of the eyes is the existence of corruscation, of flashes or sparks of light. Whenever the retina or the retina and chorioid are inflamed, these scintillations are invariably present to a greater or less extent, sometimes to a terribly annoying degree. It does not require an examination with an ophthalmoscope to determine the existence of inflammation in the deeper and more important structures of these organs, the phenomena present show that the sight of the left eye is irretrievably destroyed, while the right is involved

to such a serious extent as to render it doubtful whether it can be reclaimed.

The disease is a chronic one, of four years duration. But a chronic affection may, in any stage of its existence, become acute, as violent as an acute disorder in its commencement. Looking at this patient as he now presents himself in perfect health in all other respects, with good appetite, good muscular development, good complexion and good circulation in the outskirts of the body, it would appear that he would be benefitted by the loss of a certain quantity of blood from the arm. The man was bled, by means of a thumb lancet. For this purpose, he was seated in a chair with the arm extended and midway between pronation and supination. The pulsation of the brachial artery was then felt for. This is a matter of paramount importance. Professor Gross has tied this artery in five separate cases on account of injury inflicted during the operation of venesection, leading to traumatic aneurism. In one case, the gentleman who had performed the operation was dragged into court and heavily fined in a sum he could not possibly pay, lost his character and was obliged to leave the neighborhood. The most prominent vein at the bend of the arm is the median basilic which is immediately, in a part of its course, over the brachial artery, which is therefore liable to be wounded, especially if the surgeon be not very cautious. A fillet, a yard in length, and one and a quarter inches in width, was thrown around the arm, but not so firmly as to embarrass the circulation in the artery at the wrist. Then by means of the spring lancet the median cephalic vein was opened, and from eighteen to twenty ounces of blood abstracted. After this operation, care should be taken not to place the finger, especially if covered with perspiration, upon the naked wound; the compress should be dipped in blood and applied over the orifice, and a bandage put on in the form of the figure of eight. The arm was ordered to be kept perfectly quiet in a sling, and the diet to be restricted.

A more profound impression will be made in this way upon the inflamed structures than it is possible to do with *veratrum viride*, *aconite* or *tartar emetic*. This, probably, is the only blood spilt in Philadelphia to-day for the relief of inflammation.

The patient will be purged gently, not violently at all, and put on the use of the antimonial and saline mixture, with the addition of quinine as an anti-neuralgic. He was ordered,

R. Morphine sulphatis,
Antimonii et potassæ tartratis, ʒs gr. 1-10.
Tincturæ veratri viridis, gtt. v.
Quinæ sulphatis, gr. viij.
Acidi sulphurici diluti, ℥. v.
Syr. Zingiberis, ℥. xv.
Aquæ, q. s. ad f. ʒj.
Ter die.

Chronic Abscess of the Thigh.

Jas. Kelly, æt. 2 years. This child has a large strumous abscess of seven weeks duration, on the right thigh. The indication obviously is to let out the matter and then bandage the limb

in order to bring the contiguous surfaces in apposition with each other; otherwise, a long time must elapse before a cure can be effected. As the abscess does not communicate with the bone, there is no reason why it should not be opened by a direct cut. This was done and a large amount of strumous matter evacuated. A piece of patent lint well oiled was then introduced into the interior of the wound, to prevent the edges from uniting, and confined by a strip of adhesive plaster. A bandage was applied extending from the toes up, which should be taken off once in the twenty-four hours, and the surface of the limb painted with dilute tincture of iodine. He was ordered, internally, one grain of quinine three times a day in solution for a week, and at the end of that time, six or eight drops of tincture of the chloride of iron ter die.

Lithotomy.

Robert K., *æt.* 9 years. This boy from New Jersey, has labored under urinary trouble for the last six years. For the last five or six weeks his sufferings have been very great, being obliged to pass his water very frequently. He is in excellent general health. He was sounded a week ago last Wednesday, and a stone readily detected. One-fourth of a grain of morphia was administered about an hour and a half ago, and his bowels have been well moved.

He was placed under the influence of chloroform and the lateral operation for lithotomy performed. A very rough stone was removed. The external opening was very small. In a child it is not necessary to cut the prostate gland, it may be torn with the finger.

The danger in performing this operation upon children is not near so great as in middle or even in advanced life.

Anal Fistule.

George W. S., of Ohio, *æt.* 47. He has suffered from hemorrhoids over twenty years, and, he states, has had a fistule for seven years. He is obliged to strain a good deal in evacuating the bowels. His appetite is good, general health excellent, sleeps well, and is able to take exercise and follow his accustomed occupation.

In making an examination with the view of ascertaining the diagnosis in a case of disease in the situation of the anus or rectum, it is necessary that the bowels should be evacuated previously by means of an enema, laxative or cathartic administered the night before. Sometimes an enema of cold water thrown up a half hour before the examination, will answer very well. During the inspection the patient, if a male, should rest on the knees and elbows. If the patient be a female, it is best to let her lie on the edge of the bed with the knees retracted.

In this case the index finger introduced into the rectum detects no obstruction. There is therefore no carcinomatous disease, no polyp nor foreign body present. A probe introduced into an opening situated on the left side of the buttock, sinks in to the depth of at least three inches. This is rather an unusual situation for anal fistule, so far to one side and above the anus. This sinus the patient alleges communicates with the bowel, but the examination failed to detect

any such internal opening. As there is no necessity for haste in such a case, the man will be remanded to his room, and a further examination instituted before any operation is performed. The sinus is at least three and a half inches in length, and lined by plastic matter in a state of organization—a sort of fibroid tissue.

EDITORIAL DEPARTMENT.

Periscope.

Death from the Sequelæ of Diphtheria.

October 14th. In the Suffolk Dist. Medical Society, (*Boston Med. and Surg. Journal*), Dr. Minor reported the following case:

The patient, a lady of nervous temperament, 65 years old, had an attack of diphtheria, in July last, while staying at the seashore, for which she was treated by Dr. EDWARD NEWHALL, of Lynn. Tonics and stimulants, combined with energetic local applications, were the means employed, and the patient recovered. Some weeks afterward, inflammation, followed by ulceration, attacked the cornea of the right eye, which had twice before been subject to the same affection, at intervals of several years, so that its sight was much impaired. At the same time the patient began to lose control over her limbs, so that she could neither stand nor walk without assistance. She also began to transpose her words in speaking, and to use one resembling in sound, but differing in sense from the word she intended to employ. There was never any difficulty in articulating or in swallowing; nor was there any real paralysis, but rather a weakness and a want of coördination of the movements. The pulse was slow in the morning, and quicker in the evening, but there was no fever. Appetite moderate; much complaint of want of sleep, though in reality the sleep was not very deficient; occasionally she would sleep the whole night. She came to town towards the end of September, and was first seen by Dr. M., Sept. 29th. She was then able to walk out a little, with assistance, and drove daily in an open carriage. The eye was nearly healed, under Dr. WILLIAMS' care. The memory was somewhat impaired, and at times there was a little delirium. The urine was twice examined for albumen, but none could be detected by nitric acid or heat. The pulse at first was about 60 in the minute, and never rose above 90. The patient could grasp firmly with the hands, but could not hold her teacup without danger of letting it drop. The power of walking failed rapidly. At the same time the delirium increased, and on the 8th of October it amounted to complete mania, the patient laboring under the most extraordinary delusions, and manifesting hostility to all about her. She refused to take food or medicine. Drs. NEWHALL and WILLIAMS saw her in consultation on the evening of the 9th, and as it was impossible to give medicine by the mouth, a few drops of a strong solution of morphia were injected subcu-

taneously, at about 9 o'clock, soon after which she fell asleep. At 9½, Dr. M. found her sleeping quietly. At 4, A. M., it was found that she was dead. Rigor mortis was complete, and the body was cool, so that death must have taken place some hours previously, (probably as early as 11 o'clock), but so quietly that the attendants, who were constantly in the room, and awake, were not aware of it.

An autopsy was not allowed.

The treatment consisted in the administration of tonics (iron and quinine), sedatives (bromide of potassium), stimulants, and as nourishing a diet as possible. Electricity was begun to be employed, with a view to improving the muscular strength, but the mental condition of the patient made it necessary to suspend it. *

Chancre supervening upon Secondary Symptoms.

We translate from the *Union Médicale* the following account of a chancre occurring during the period of secondary symptoms. The case was reported by M. MICHAUD, interne of the Lourcine Hospital:

K., aged 32 years; married ten years; had four years ago a vaginal discharge, symptomatic of ulceration of the uterine neck. This year, towards the end of April, she discovered on the left labium quite a hard papule, which was probably an infecting chancre. On questioning her subsequently, the patient said she had had several papules consecutively, the number of which had progressively augmented until the end of the month of June, during which period, according to her statement, she had scabs upon the scalp, and lost flesh.

The 29th of June, K. came to Lourcine, and was seen by M. DESPRÉS, who found numerous mucous tubercles scattered over the whole mucous surface of the labia majora, and others at the margin of the anus; also clusters of enlarged indolent glands in both groins. Cauterizations with chloride of zinc—no mercury; tonic regimen.

The 20th of July, the patient came again for advice to M. DESPRÉS. The mucous tubercles were nearly cured; but on the upper lip there was an indurated chancre, of the size of a small hazel-nut. The latter was developed in the following manner. Eight or ten days after the patient first consulted M. DESPRÉS, she discovered at the upper extremity of a crack in the upper lip, from which she had removed a scab the night before, a small swelling, which gradually increased in size, and which scabbed anew.

The 27th of July, the patient presented herself for the third time to M. DESPRÉS. At the vulva, the only traces of the mucous tubercles consisted in white spots on the mucous membrane of the labia majora. At the upper lip, the chancre had attained the size of a franc-piece. The circular induration was well marked underneath a thin scab, which covered the tumefaction. Sub-maxillary adenitis existed. Two ganglions are still swollen, and one in a state of indolent inflamma-

tion. A sub-hyoid ganglion was also enlarged, and is so still. There was a mucous tubercle upon the right tonsil.

The 22d of August, this patient entered the Lourcine Hospital, during the service of M. LIÉGEAIS, when she was subjected to mercurial treatment. The 5th of September, however, a few mucous tubercles had returned upon the labia majora.

M. LIÉGEAIS, on the ground of the slightly-marked glandular enlargement, and taking into consideration the usual course of syphilis, was inclined to think that the case was one of simple mucous tubercle, taking on a peculiar character from its seat, and from contact with the air. M. DESPRÉS, on the contrary, saw in this lesion all the indications of indurated chancre of the upper lip. In order to decide the question, this patient was to have been presented to the Academy of Medicine the 4th of September; but the programme for the day, having been very crowded, did not allow of it. Nevertheless, several Academicians, MM. RICORD, GUÉNEAU DE MUSSY, and DEPAUL, have seen her, and have not hesitated to diagnosticate an indurated chancre of the lip. M. RICORD's only doubt was in regard to the anterior existence of mucous tubercles.

[The reporter of the case subjoins the following remarks.—Eds.]

It cannot be supposed that there were in one patient two indurated chancres resulting from two infections incurred at the same epoch, since at the time of the appearance of the second chancre, there remained no traces of the first. We have here a syphilitic re-infection, which may be likened to the artificial re-inoculations of WALLACE, H. LEE, DIDAY, SPERINO, etc., and to the natural re-infections observed by MM. FOLLIN, RODET, and DIDAY. In a great number of these cases, and notably in the artificial re-inoculations, the indurated chancre of the second infection was remarked as showing a noteworthy diminution of the induration, ulceration, and glandular enlargement, to such a degree that the lesion was, in certain instances, only an aborted chancre. In our patient the indurated chancre is voluminous, the ulceration extensive, the induration well marked. Adenitis existed, but of moderate intensity.

On the other hand, though the experiment of the inoculation of syphilis has been successful in all the periods of its evolution, clinical observation has hitherto shown a considerable interval between two successive syphilitic attacks. Thus, in the patients of M. DIDAY, among whom the two infections were the least distant from each other, we find the interval to be twenty-two months on the average. In these cases, the subjects presented no traces of the first affection, at the time of the second; and, according to M. DIDAY, re-infection demonstrated positively the cure of the first syphilis. In our patient the indurated chancre of the lip showed itself, while the secondary symptoms were in full blast about two months and a half after the breaking out of the first infection.

Natural re-infection has given here a result not before observed, but of which artificial inocu-

lations had demonstrated the possibility. We may, therefore, conclude, as ROLLET says in his "Traité des maladies vénériennes," that the reinoculability of syphilis is an exception, but that such exception may be observed in all periods of the disease; even at the commencement, and consequently, long before the diathesis has been effaced.—*Boston Med. and Surg. Journal.*

Sequelæ of Intermittent Fever.

A writer in the *Journal des Connaissances Médicales* speaks of a certain sequelæ of intermittent fever, manifested by bloating of the face, a clay-colored appearance of the skin, and by a swelling of the liver, these being very often followed by organic lesions. He adds that quinine being so expensive that sometimes families thus affected are obliged to do without it, resort may be had to an efficient agent, as a substitute, in the shape of alcohol, or wine which contains a large proportion of alcohol. The addition of juniper berries, or cinnamon, and warming the beverage, still further promote its success. These liquids should be administered in increasing doses, according to the age or sex, about three hours before the access of the symptoms. The intervals between the doses should not be greater than a quarter of an hour. A strong impression is thus made upon the nervous system; the heat and the pulse come up, and the skin becomes moist.—*Bost. Med. and Surg. Journal.*

Ingrowing Toe-Nails.

Dr. BAILEY (*Leavenworth Med. Herald*) believes that inversion of the nail is always produced by lateral pressure upon the toe, which has a tendency to cause a greater convexity of the nail than is natural, and at the same time crowd the soft parts over the edge of the nail, causing painful inflammation and ulceration. As the best means of relieving the patient, he recommends the removal of the flesh at the side of the toe—by which the breadth of the toe is diminished so that the nail can cover it. The wound heals by granulation. It seems that Dr. CATLING, of Massachusetts, claims this as his operation. It is not such a one as would call forth much wrangling as to its originator. Probably many surgeons have originated the same plan or one very similar to it. Several years ago, we saw the late Dr. E. COOPER, of this city, operate by removing the flesh at the side of the toe, but in addition, and with the same sweep of the knife, he removed the side of the nail and gland. Dr. L. C. LANE informs us that Dr. COOPER operated in the same way nearly seventeen years ago in Illinois. The result is satisfactory so far as a relief from the ingrowing nail is concerned, but it leaves a wound which requires a long time to heal, and a cicatrix which renders the wearing of a boot painful for a much longer period. Dr. LANE has recently substituted the following procedure: He amputates the end of the toe, including the nail and entire gland, taking care to leave a long posterior flap; the ungual phalanx is divided near its middle, and the flap turned up over the end of the bone and united anteriorly; speedy union takes place, little or no ten-

derness remains, and the very small portion of bone removed has no effect upon locomotion.—*Pacific Med. and Surg. Journal.*

Reviews and Book Notices.

On Diseases of the Lungs and Air Passages; their Pathology, Physical Diagnosis, Symptoms, and Treatment. By HENRY WILLIAM FULLER, M. D., Cantab., etc. From the Second and Revised London edition. Philadelphia: H. C. LEA. 1867. 1 vol., 7vo., cloth, pp. 479. Price, \$3.50.

Dr. FULLER is physician to St. George's Hospital, and his opportunities to study the various diseases of which he treats in the present volume have been extensive, and they have been sedulously improved. His book was in the first edition divided into four parts, and embraced all chest diseases, those of the heart as well as the lungs. In the present volume, the two last parts on the cardiac viscera are omitted. About one-third of the volume is occupied with an elaborate but thoroughly practical discussion of the "principles of physical diagnosis, and their application to the investigation of diseases of the lungs;" the remainder treats of the diagnosis, pathology, symptoms, and therapeutics of pulmonary disorders.

It is a careful, practical treatise, which will be found of great service in the every-day labor of the physician.

Transactions of the Medical Society of the State of New York. For the year 1867. Albany, 1867. 1 vol., pp. 562.

A large amount of useful information is to be found in this volume. Several of the essays,—the Annual Address by Dr. HUTCHINSON, and the Prize Essay on Medical and Vital Statistics, by Dr. HOUGH, we have already spoken of. Among the forty odd other articles which make up the contents, the following may be mentioned: On the Structure and Function of the Capillary Vessels, by Prof. H. N. EASTMAN, (he thinks that the capillaries alone secrete and absorb); two essays on Spotted Fever, by Drs. C. B. CONVENTRY and A. CHURCHILL; Hernia and its Complications, by Dr. F. HYDE; the Medical Use of Electricity, by Dr. G. M. BEARD; Still-Births, by Dr. G. S. ELLIOTT, Jr.; New Interpretation of the Physiology of the Retina of the Eye, by Prof. TOWLER; Spontaneous Evolution of the Fœtus, by Dr. J. V. P. QUACKENBUSH; Consanguineous Marriages, by Prof. O. W. MORRIS; a continuation of Dr. FISHER's Exhaustive Treatise on Diploeratology, and various biographical sketches.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 7, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the *REPORTER* to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

RENEWALS AND INCREASE.

The season of the year has come when most of the subscribers to the *MEDICAL AND SURGICAL REPORTER* renew their subscriptions. In doing so we would urge upon them the importance of renewed efforts to *EXTEND OUR CIRCULATION*. They will thus give us the means to further improve the work. Will not each subscriber exert himself to send a *new name*. A very little effort would double the circulation of the *REPORTER*, to the manifest advantage of all concerned. Let us have the effort!

THE COMPENDIUM.

The announcement of the Half-Yearly Compendium of Medical Science has been received with much favor, and a large number of names are already booked for it. Its plan is calculated to make it popular and useful, and we have every reason to believe that it will give satisfaction. We intend that it shall be the best work of the kind in the English language. Will the readers of the *REPORTER* aid us in its circulation?

THE DAILY POCKET RECORD.

A revised edition of this work has been prepared, and will be ready in a few days. The list of New Remedies has been extended, and there has been added Doses of Medicines for Hypodermic medication, Inhalation, and for Suppositories and Pessaries. The classified List of the articles of the *materia medica* has been entirely re-written, and the prices revised. Tables for the Examination of the Urine, and of Normal Weights and Measurements of the human body have been added. Also blanks for a Cash Record. The book will also be some narrower than the

last edition, and there will be an edition for double the number of patients weekly. When desired, we stamp the name on the tuck.

This work has been received with marked favor, and anticipating a large sale, we have provided a large edition.

THE NEW YORK NATION AND HOMŒOPATHY.

It is an excellent quality in a disputant to confess a palpable hit when he receives one, but it is a hard thing to do. We rather feel, therefore, for the *Nation* in the discussion it has inaugurated lately about homœopathy. A most admirable letter from Louisville, Kentucky, has knocked into fragments a pretty edifice of argument it reared a few weeks ago, while discussing the action of the New York Academy of Medicine, on expelling a member for consulting with a homœopathist. The *Nation*, unable to meet its adversary, unwilling to confess frankly that it is down and worsted, takes refuge in such school boy logic as the following:

"It does not seem 'absurd' to suppose that such doses [*i. e.* the infinitesimals of the homœopathists] affect the human frame. 'Common sense' is no guide in such matters, as everybody knows who has the slightest knowledge of the history of science. 'Common sense' said for a long time, that the sun moved round the earth, but common sense was wrong. Therefore we say that allopathic doctors may not insist on 'the demonstrable absurdity' of the homœopathic practice, for the simple reason that they cannot 'demonstrate' it."

This is fine reasoning for a journal claiming to represent the best American talent. Not to speak of the blunder of styling scientific practitioners by the term 'allopathic' (when in fact they are just as much 'homœopathic' in the proper sense of that word), it is comical, to say the least, to see the *Nation*, which on occasion is so "positive" in its philosophy, throw overboard common sense, *i. e.* the generalized perceptions of humanity, in favor of an *a priori* theory, quite at variance with individual and general laws. Accept its arguments as sound, grant that every theory "not demonstrably absurd" should be welcomed and accepted as of probable equal value with the results of experience, why not admit the mesmerist with his hallucinations, the exorcist with his holy water and horse shoes, the spiritualist with his "gifts of healing," the charlatan with his universal catholicon?

In fact, it was common sense that taught us that the earth moved round the sun. If not,

what was it? The *Nation* with an obliquity of intellectual vision, not, we are glad to say, of very frequent occurrence with it, perpetrates the blunder of supposing that with rational medicine rests the *onus probandi*, that it is bound to accept all theories which it cannot prove false. Whether this manifests much beyond "the slightest knowledge of the history of science" is too open a question to be worth discussion.

That many absurdities have been received and partially endorsed by scientific medicine is too true; and the reason is, that it has followed too much the course which the *Nation* sees fit to define as its "philosophical" one. Let it countenance homœopathy, and it will add yet another to the already long enough list, and future reviewers some five hundred years hence, will throw homœopathy in its face with not less scorn than the *Nation* now does the "Doctrine of Signatures."

THE SIGLER CASE AT PATERSON, N. J.

Some months ago we published and commented on some of the evidence of what purported to be a case of inhuman treatment of insane persons and children, on the part of Mr. SIGLER, the Superintendent of the Poor-House at Paterson, N. J. We supposed from the testimony and comments that we had seen, and from the statement that a true bill had been found against Mr. SIGLER by a Grand Jury, that the case was sufficiently plain to warrant the comments we made. We have, however, received a note from a source entitled to respect, inclosing some counter testimony, and claiming that injustice was done to Mr. SIGLER. It seems, too, that the jury in a case before it—which is supposed to be a representative one—brought in a verdict of *Not Guilty*.

Without desiring, or intending to open our columns to a review of this case, we give Mr. SIGLER the benefit of the above statement. At the same time there seemed to be quite as strong testimony on the other side, though one of the Paterson papers claims that it was manufactured testimony. We strongly suspect from what we have seen of the evidence on both sides, and from the position the Paterson papers occupied in the case,—one of them, we believe, for, and the other against *Sprenger*, that it had a political or other partizan aspect. Knowing what the temptation is to maltreat insane persons, especially when they are not under strict and competent medical supervision, we should want to be sure that the investigation of charges of that character were free from partizan bias, or that

they were so thoroughly sifted that the truth was fully developed. Besides, the ideas of most persons, and some physicians too, of what would be "cruel" treatment of the insane, and what would be proper "discipline" for children who are "only paupers," are rather crude.

However, we are glad and willing to believe that Mr. SIGLER's tender mercies were not as cruel as they were represented to be.

HOW TO PRODUCE THE SEXES AT WILL, AND HOW TO PREDICT THE SEX OF THE FŒTUS.

We lately called these, hard questions, and certainly they are so. But what could be more important than to be able to produce male or female children, as we wished? To control as might be desirable, the per centage of sexes in a population? To bring about that happy equi-pose when there would be no sighing maids at home, nor want of warriors in the field?

Many a plan has been suggested, and perhaps among them some have not received the attention they merit. Some physiologists have supposed that one ovary produces males, the other females. The suggestion has been made, that did the woman, immediately after congress, lie a while on one side, she would always have one sex for offspring. We have learned from a lady who tried this in eight conceptions, that turning on the left side produced always males, on the right, females.

But a more plausible theory is that of M. THURRY, professor in the Academy of Geneva. He observed that the queen-bee lays female eggs at first, and male eggs afterward; that with hens, the first laid eggs give female, the last, male products; that young bulls, who meet the female at the first signs of heat, generate heifers more frequently than old bulls who are exhausted and do service later; that mares, shown the stallion late in their periods, drop horse-colts rather than fillies. He formulated, therefore, this law for stock raisers: "If you wish to produce females, give the male at the first signs of heat; if you wish males, give him at the end of the heat." We have before us the certificate of a Swiss stock grower, son of the President of the Swiss Agricultural Society, Canton de Vaud, signed in February of the present year, which says, speaking of the accuracy of this law:

"In the first place, on twenty-two successive occasions, I desired to have heifers. My cows were of Schwitz breed, and my bull a pure Durham. I succeeded in these cases. Having bought a pure Durham cow, it was very important for me to have a new bull, to supersede the one I

had bought at great expense, without leaving to chance the production of a male. So I followed, accordingly, the prescription of Professor THURY, and the success has proved once more the truth of the law. I have obtained from my Durham bull six more bulls (Schwitz-Durham cross) for field work; and, having chosen cows of the same color and height, I obtained perfect matches of oxen. My herd amounted to forty cows of every age.

"In short, I have made in all twenty-nine experiments after the new method, and in every one I succeeded in the production of what I was looking for—male or female. I had not one single failure. All the experiments have been made by myself, without any other person's intervention; consequently, I do declare that I consider as real and certainly perfect, the method of Professor THURY."

In August, 1863, M. THURY submitted his plan to the Academy of Science at Paris. It was tried on the recommendation of that body, on the Emperor's farms, with, it is alleged, the most unvarying success.

A farmer in Louisiana writes thus to the "*Turf, Field, and Farm*," in reference to this law, as applied to men. "I have already been able in many cases to guess with certainty the sex of a future infant. More than thirty times, among my friends, I have predicted the sex of a child before the birth, and the event proved nearly every time that I was right."

The idea was not new. As long ago as July, 1863, Dr. PACKAM, of Wimborne, wrote to the *London Lancet* that, "In the human female, conception in the first half of the time between menstrual periods produces female offspring, and male in the latter. If a woman is 'out' in her reckoning, if she goes beyond the expected time, the babe generally turns out to be a boy."

The husband, therefore, who would, with Macbeth, say to his wife,

"Bring forth men-children only,"

let him avoid exposing her to conception during the first half-term of her inter-menstrual period.

The value of this as a means of prognosis is obvious. It may be assisted by other observations. That, as many old nurses say, there is any difference in the figure of a pregnant woman when she carries different sexes, we do not believe. Nor is the one more active in "movements" than the other. But Dr. FRANKENHAUSER, a few years since, in the *Monatschrift für Geburtskunde*, stated that the beats of the fetal heart are more frequent in females than males. The mean frequency of twenty-eight female fetuses is 144 in the minute—the lowest figure 138; the mean frequency of twenty-two male fetuses

is 120—the lowest figure 112. He thus predicted with great accuracy the sex of the unborn child, and only failed, indeed, when either the pains of labor or the illness of the fetus had deranged the natural action of the heart.

Such, in brief, is about the sum of our knowledge on this interesting subject. We are near enough to a solution, to encourage us to give it further and more earnest study.

Notes and Comments.

Surgeon-General's Report.

We find the following very brief abstract of the Surgeon-General's Report, in an abstract of the Report of the Secretary of War.

"The report of the Surgeon-General shows that that department is in possession of the records of two hundred and forty-four thousand seven hundred and forty-seven white soldiers who have died during the war, and of the records of nearly thirty thousand negro soldiers, and of over thirty thousand rebels. The department has also the records of two hundred and eight thousand soldiers who have been wounded and disabled in the service. The average annual strength of the white troops in service is a little over forty-one thousand, and the sick report shows one hundred and twenty-two thousand entries. The army mortality during the year has been about fifteen hundred. The number of white and colored soldiers discharged for physical disability during the year is about seven hundred. Nearly eight hundred pieces of artificial limbs, such as arms and legs, were issued during the year to soldiers. In the fund of the medical department, there is a balance of over two and a half millions."

An Advertising Dodge.

The following card has come to us from an unlooked-for source; and we give it a place in the columns of the *REPORTER*, as a specimen of a mode of advertisement, which, to say the least, is very objectionable. Indeed, it would be difficult to defend it as strictly professional.

—, M. D.

Late Surgeon U. S. Volunteers Army; Late Surgeon in charge U. S. Hospital at —; Secretary of the — Medical Society; Member of the New Sydenham Society of London, etc.

—, T. —.

The orthography on the reverse of this card does not evince the attainments we would be led to expect from the parade of titles, found on the obverse.

Crorespondece.

FOREIGN.

LETTER FROM PARIS.

PARIS, Nov. 10th, 1867.

A curious scene took place the other day in one of the private anatomical classes that cluster around the Ecole de Medecine, and supplement its august instruction. Every one knows the name of Dr. Auzoux, the famous fabricant of anatomical models, whose mannikins traverse the Atlantic, and find their way into every medical school in the United States. These mannikins are manufactured in a little village near Paris, and eighty workmen and women are employed in the factory. Over this community, Dr. Auzoux watches with fatherly interest, and besides attending to the wants, the morals, and the private life of all his employes, he provides them all with anatomical lessons. This last, of course, is as much in his interest as theirs, since no one would undertake the precise and difficult work required, without a special training. All the eighty employes become expert anatomists, without having ever seen a cadaver or handled a scalpel. M. Auzoux takes great interest in promoting marriages among the *ouvriers* and *ouvrières* who settle in the village, and, in course of time, send children to work in the factory of their beloved master. The consequence is that all the village knows anatomy, just as in MONTAIGNE'S time, all the village in which he lived learned how to speak Latin, because his father trained the servants of his household to talk in Latin to his son. It is said that the very cows are acquainted with the structure of their own bodies.

To prove the proficiency acquired by these peasant anatomists, Dr. Auzoux brought three of his workpeople, one man and two young women, to Dr. FORR'S anatomical class, and examined them before an amphitheatre crowded with students. The examination was long and minute, and conducted not only by Dr. AUZOUX, but by Dr. FORR himself. The answers were invariably correct, and showed a minute and intelligent knowledge of anatomy, superior to that of many medical students presenting themselves for the *doctorat*. Dr. Auzoux, with just pride, pointed out the result as a striking proof of the utility of his preparations as a means of assistance in committing to memory the vast collection of anatomical details required in a medical education.

The *re-entrée* of the Ecole has been signalized this year by a curious incident. Two days after the opening of the course, arrived in Paris the news of the defeat of GARIBALDI. The students of the Ecole, eager to show their sympathy for the erratic champion of liberty, and their disgust with the intervention of the French government, seized some pretext during a lecture by M. SAVARRET, to raise cries of "Vive GARIBALDI! a bas le pape!" The unlucky professor endeavored in vain to restore order, and call his tempestuous audience to the calmer topic of physical electricity. In vain; the cries continued, and the lecture was broken up in confusion. Of course, the government immediately came down upon the Dean of the Faculty, who excused the circumstance on the ground that the tumult must have been excited by strangers who had surreptitiously introduced themselves, like wolves in sheep's clothing, among those innocent lambs, the medical students. Of course, no one believes this ingenious fiction, but it is accepted, to avoid the disagreeable necessity of closing the Ecole. The punishment is limited to closing the great gates, compelling the students to enter at a side-door, and to present their cards to various "sergeants de ville," extemporized for the occasion out of all the *garçons* and *employés* belonging to the Ecole or the Ecole Pratique opposite. On this account, the service at the latter institution is considerably deranged. "Imbeciles, that you are," exclaimed an irate professor, entering his amphitheatre after a vain search for his *garçon*, and addressing the "lambs," "on account of your stupid tumult about GARIBALDI, not a man is left in the Ecole to bring in the subject! Could you not have had more sense!"

So closely are events connected, that the Pope cannot shake on his Roman throne, without deranging the demonstrations of a Paris amphitheatre!

In the hospitals, the effects of the re-entrée are experienced, not so much by the students as by the more (or less) happy patients, who return to the hands of the chefs de service, returned from the vacations with their strength and their theories renewed like giants. In M. BOUILLAUD'S service, for example, the lancet has lain quiet for two months, and rheumatisms have succumbed to sixty-grain doses of sulphate of quinine, and pneumonia to tartar emetic, as incontinently as if bleeding had never been invented. But the provisory chef has finished his term of office, M. BOUILLAUD, stethoscope in hand, resumes in La Charité the daily business of fifty years, and, presto! everything is changed. Day before yes-

terday, there entered the ward a young man attacked with acute articular rheumatism. He was bled three palettes (300 grammes) the evening of his arrival, and the next morning the pulse, which had been 100, had mounted to 120. The sounds of the heart had begun to assume that peculiar metallic timbre characteristic of nervous or anemic patients. The pain was not in the least relieved, but the patient declared that his head felt much freer than before the bleeding. On the second morning the bleeding to three palettes was renewed, and an application of scarified cups ordered around the base of the thorax. This latter procedure was more especially directed against the possibility of endocarditis. M. BOUILLAUD admitted that there was but the rudiment of a souffle at the pericardium, but that these minimum proportions were due to the preservative influence of the first bleeding, and further spoliation was required to warn off the threatened danger.

You know that to M. BOUILLAUD belongs the honor of the discovery of endo-carditis, and of its connection with articular rheumatism. It constitutes, therefore, his *bête noir*, and since in every case of rheumatism he foresees the possibility of a complication that may determine an incurable and ultimately fatal heart disease, he deems himself called upon to act with heroic energy.

I confess, the theory of the treatment seems to me, peculiarly in this case, unreasonable, from the fact, that since bleeding increases the proportion of fibrine in the blood, the danger of thickening of the valves of the heart by fibrinous deposit should be increased. As to the practical result, I shall be better informed when I have observed the treatment in M. BOUILLAUD'S wards during several months.

The only case of rheumatism that I have seen treated by bleeding, before entering the wards of M. BOUILLAUD, occurred in the service of MOUTARD MARTIN, at Beaujon. This physician habitually pursues the quinine treatment. In the case in question, however, although the inflammation was mainly concentrated at one knee, the effusion abundant, the joint pale and but moderately painful, so that the local symptoms indicated a subacute form of the disease, the pulse was 112, the skin hot, and the general aspect rather that of the acute form, and threatening the heart. The patient was bled twice, to three palettes; but the pulse remained exactly at 112 for an entire week, and the local affection seemed to pursue its course with very little regard to the treatment.

The quinine treatment was invented by BRIQUET, a physician of La Charité, well known for his work on hysteria. Wishing to experiment on the action of sulphate of quinine, he administered it to all the patients in his service, among others the rheumatismal patients. These latter unexpectedly recovered. Upon this hint, the experiment was pursued further in this direction, and the valuable influence of sulphate of quinine over rheumatic fever has been unquestionably demonstrated. BRIQUET gives it in five gramme doses (about one hundred grains) taken in divided packets throughout the day. M. BALL, who supplied M. BOUILLAUD'S place during the vacation, treated his patients to three gramme doses (sixty grains). But at Lariboisière and Beaujon, MM. HÉRAUD and MOUTARD MARTIN commence with seventy-five centigrammes, and gradually increase to two grammes—never passing this dose.

It is this latter method that I have had an opportunity of observing on the most extensive scale, and the results are certainly satisfactory. The most favorable cases for treatment are those in which the inflammation is the most generalized and the fever most acute, in these the pain and fever were notably ameliorated the third or fourth day. The pain was never relieved before the fever, though the latter sometimes fell while the pain persisted, though more moderately. Almost always, where this persistence was marked, and the disappearance of the fever complete, the disease tended to assume a chronic form, over which the quinine had very little control.

In the few cases that I saw treated by five-gramme doses, the amelioration was generally marked by the second day. In one of these, however, a regular chronic rheumatism developed in the hands, which assumed the deformation characteristic of nodulous rheumatism. In another, the treatment was at first entirely ineffectual, was suspended, and another substituted, which also brought no relief. The quinine was resumed, and the fever immediately broken.

With this high dose of the sulphate, the treatment was persisted in five or six days. The more moderate treatment was persisted in during seven or eight. Interruption of the treatment earlier than this was usually followed by a relapse of the disease.

Monarticular rheumatism was extremely obstinate, and in no case have I seen it yield to the quinine treatment. Several cases occurred in which the inflammation was confined to one foot, which became cedematous, (the gouty rheuma-

tism of English authors.) In one of these cases, a blister finally conquered the inflammation, in another, the application of collodion was equally successful after the rheumatism had lasted two or three weeks and resisted the quinine.

In one case of this rheumatism of the foot, the patient died, carried off by an endocarditis, or, to speak more accurately, by the accumulation of fibrinous clots in the heart, which could be partly attributed to inflammation of its lining membrane, partly to the general influence of rheumatism on the blood. The rare opportunity was thus afforded of examining the tibio tarsien articulation that had been the seat of the rheumatism. About a teaspoonful of clear yellow serosity was found in the articulation. The synovial was not thickened, but in three points appeared a spot of redness, indicating the congestion that had not altogether subsided. The material reality of the lesion in rheumatism received, therefore, another confirmation.

The theory of the action of sulphate of quinine is based upon its influence on the nervous system. It is supposed to shock the nerves, as in the case of intermittent fever, and by stimulating them, arrest the process of disassimilation which proceeds perhaps with such rapidity, because the usual influx of nervous force has been withdrawn.

While speaking of rheumatism, I must mention a rare case of rheumatismal meningitis that occurred at La Charité. The patient was brought to the hospital in a state of apparently apoplectic coma. All the limbs were insensible, but not entirely flaccid, the left arm and leg especially, resisted pressure tolerably well. They fell however when raised, and the patient could make no effort to sustain them. The eyes were closed, the pupils however were moderately dilated and dilatable by the flame of a candle. The mouth was a trifle deviated to the left, but the alteration was scarcely noticeable. The patient could not project the tongue when told to do so, though she seemed to have an obscure appreciation of questions addressed in a loud tone—occasionally the eyes opened spontaneously, and the patient made some vague movement with the arms. Paralysis of the bladder and rectum.

These accidents had been produced suddenly the day before admission. The morning had been signalized by a great amelioration of the rheumatism which had existed for ten days at the knees and ankles. In the afternoon, the patient began to sink into coma, which rapidly increased, and the physician, much alarmed, sent her to the hospital.

The patient succumbed three days after admission. At this date all sign of swelling and redness had disappeared from the knee-joints. The coma had never been interrupted. At the autopsy no trace of hemorrhage was found in the cerebral substance, but the ventricles were dilated with serous fluid, and the arachnoid covering them, showing traces of an acute inflammation, similar to that occurring in the serous membranes of the articulations. The metastasis was perfectly demonstrated.

Dr. THOMAS has written an interesting memoir on the operation of cataract, by tearing the capsule of the lens, based upon facts observed at Lariboisière in the service of M. Cusco, with whom this is a favorite method. The following are said to be the indications for attempting the dissolution of the diseased lens in the aqueous humor of the anterior chamber, instead of extracting it immediately. All soft cataracts, and especially if they occur in children or adult patients; cataracts developed in the posterior stratum of the lens, which are frequently secondary to disease of the choroid or ciliary body; finally traumatic cataracts, in which are iritic or choroidal complications, are always to be dreaded, even in consequence of the traumatism, and much more therefore, after an operation by extraction.

The memoir relates the case of an operation performed for a double cataract, where the vitreous body was much softened in both eyes, so that the danger of escape of the contents of the eye, during the operation of extraction, was considerable. In the right eye, the opacity occupied the anterior and posterior strata of the crystal lens, but was most extensive in the posterior. The nucleus of the lens was transparent. The opacity existed in the form of radiations, directed from the cortical strata towards the nucleus. In the left eye, the lens was entirely opaque, and this was selected for the operation. The needle was introduced by the external border of the cornea, and penetrated to the lens, which was found to be hard and persistent. In attempting to draw it forward, to tear the capsule more completely, M. Cusco drew the lens into the field of the pupil. M. Cusco always endeavours to make two incisions by the same movement, by which three triangular flaps are formed, and the chance is avoided of the closing of the wound. It is not indispensable to draw the fragments of the lens into the anterior chamber, since the aqueous humor is sure to penetrate if the capsule be once torn.

In the case in question, the operation was repeated three times at intervals of seven days, a

month, and three weeks. Only once was any inflammatory reaction excited, and it was speedily subdued by bleeding, diet, and the local application of atrophine and cold water. The lens was notably diminished by a week after the second operation, and still more so when the patient left the hospital, ten weeks from the date of the first. At that time, the remnants of the lens still occupied the pupil, but by means of the space left, free light was able to fall upon the retina, and the patient could distinguish large objects. The presence of the lens in the anterior chamber occasioned no accident. The cataract in the right eye rapidly attained maturity after the operation on the left. Since the process of resorption was still going on at the moment that the patient left the hospital, there was reason to hope that the sight would become even more restored. This result actually obtained, must be considered highly satisfactory, in view of the extreme difficulty of the case.

At M. Cusco's clinique the other day, I had an opportunity of observing a most interesting case of luxation of the crystal lens. The patient, a woman of fifty-six years old, strong constitution, and having always enjoyed excellent eyesight, received one day a blow on the forehead from a piece of wood, which flew up as she was splitting it. Immediately the eye on that side inflamed, and the inflammation continued active for two or three weeks, then completely subsided. But the patient then discovered that the vision of this eye had become extremely troubled. If she held the head down, she could see pretty well, but in looking directly before her, everything seemed blurred. No pain remained in the eye. On examination, seven weeks after the date of the accident, the eye was found perfectly free from all inflammation, but the crystal lens was loosened from its attachments, and oscillated up and down behind the pupil. Generally it occupied the lower half of the field, and then if the patient held the head perfectly steady, or somewhat lowered, rays of light could pass over the lens, and reach the retina. But the body stirred at the least movement, and, shifting in all positions in the pupil, continually offered new obstacles to the transmission of light.

M. Cusco seized the opportunity to describe a case of congenital luxation of the lens, that he had observed in his practice. In this case the lens was fixed, but instead of occupying exactly the pupil, it had, in both eyes, been pushed outwards, so that the inner border was on a line with the vertical diameter of the pupil. The consequence was that the patient was at the

same time myope and presbyope, according as the rays of light traversed the lens or fell directly on the retina, across the space left free. The vision therefore was extremely perplexed. M. Cusco succeeded in remedying the defect by an ingenious pair of spectacles, by means of which a lens was supplied to that portion of the pupil which was left open, and the great convexity of the natural lens corrected.

The *Union Medicale* contains an account of a most remarkable case of uterine rupture, related by Dr. CHEREAU. The patient was already the mother of six children, and the accident occurred during the seventh accouchement. On this occasion, the first stage of the labor proceeded regularly, the uterine neck dilated well, but after the rupture of the amniotic pouch a loop of the umbilical cord escaped by the vulva. The sage femme was frightened and sent for Dr. TROSSAT, who tried in vain to replace the cord, and then counselled patience and waiting. The expulsive pains continued with excessive violence for an hour and a half; then the patient suddenly experienced a sensation in the belly as if something had given way, she became horribly pale, pulseless, and fainted. Upon exploring the vagina, the sage femme discovered, instead of the foetal head, a spongy mass, like a sort of magma. Recalled in great haste, M. TROSSAT discovered the following state of things. The abdomen was bilobed, presenting a marked depression in the centre; the right hand, introduced into the vagina, penetrated into the abdominal cavity, and reached the left foot of the foetus; a large breach existed in the left side of the body of the uterus, and through this opening the foetus had in great part escaped into the peritoneum, being placed as it were, astride on the edges of the wound. The left foot was first withdrawn, and maintained in place by a cord, then in succession, the right foot and the arms were drawn into the uterus, and finally, with a finger crooked into the mouth of the child, the skilful accoucheur was able to draw the entire body from the peritoneal cavity. The rest of the delivery was then affected with the greatest facility. But as soon as the uterus was disembarrassed of its contents, a mass of intestine escaped by the breach. Four times the intestine was pushed back into place, and four times it reappeared between the thighs. Finally, the patient was placed in an inclined position, with the basin elevated, and the head much lower, and by this means the intestines were retained in place.

Of course a frightful peritonitis ensued, which continued five weeks. Nevertheless, the patient

recovered completely, the menses were re-established at the end of sixteen months, and four years later, the woman was confined for the eighth time, and in perfect safety.

M. LAFORGUE of Toulouse has made some researches on the subject of the accouchement of epileptic women, and has arrived at certain conclusions different from those generally held. In the case of the women whose attacks had continued, sometimes with great violence throughout the pregnancy, the travail of childbirth was entirely free from any symptom of convulsion, and the children were born alive and healthy. M. LAFORGUE, basing himself on an analysis of these facts, infers that eclampsia and epilepsy are really antagonistic, instead of mutually predisposing to each other, and that there is less to apprehend in the accouchement of epileptic patients, than of others with only a general tendency to nervous disease.

Beef-Eating Frenchmen.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

In your issue of the 16th of November is a paragraph with the above heading, in which it is stated that the Franco-Canadians eat a great deal of meat, while the Anglo-Canadians eat very little. That the former are robust, while the latter are less vigorous, and that pulmonary diseases prevail among them. With your permission, I would wish to offer a few remarks thereupon.

I am ignorant of the data upon which the above conclusions are based; but beg respectfully to observe, that I think there must be some mistake. If by the term meat, fresh or butcher's meat is meant, I think it will be found that the French Canadians, if I may except those living in towns—yet perhaps not—have for their chief food salted pork.

Respecting the Anglo-Canadians, I can speak more confidently, when I say, that in the towns and villages they consume a good deal of beef and mutton; while among the rural population pork is the more common animal food; very many of them use beef, and mutton, and veal frequently, and mostly all occasionally, and at other times eat plenty of poultry, eggs, and milk.

From a paper recently published, which was read before the International Medical Congress at Paris in August last, upon tuberculosis, from the hands of Dr. CANIFF, it will be seen there are no vital statistics existing, by which it can be learned definitely the relative number of consumptives among the two races. But facts are adduced to show, that among Canadians of both origins—French and English—tuberculous dis-

eases are less frequent than in other countries. The same paper shows that longevity in Canada is very great, especially among those who originally settled Canada from the United States, at the time of American independence.

ANGLO-CANADIAN.

Ontario, Canada, Nov. 22, 1867.

DOMESTIC.

The Academy of Medicine and the Homœopaths.

[The following was communicated to the N. Y. *Evening Post*, and we transfer it to our columns, believing it is worthy of permanent record.—EDS. MED. AND SURG. REPORTER.]

The attitude of the Academy of Medicine towards homœopathy, and every other exclusive system of medicine, is very much misunderstood by the public. The regular school admits most distinctly, that every remedy may be beneficial against some one or more diseases; and that it is the duty of the true physician to make himself acquainted with as many curative procedures as possible. The profession is broadly catholic, and accepts improvements from all quarters; but it is also necessarily somewhat conservative, and will not hastily abandon approved methods until it is sure that better have been found. It also imperatively demands that all so-called improvements shall be in accordance with common sense and good judgment; and while it cordially welcomes every real advance in every department of medicine and surgery, it determinedly resists all extremely revolutionary and completely subversive systems.

Thus it must reject the extreme homœopathist with his one law of treatment, and his excessively minute doses. For it knows that the law of similarities is only partial, or even only an apparent truth; because a similar thing DIFFERS somewhat, as well as resembles a great deal; hence, a so-called homœopathic remedy acts somewhat differently from, or really allopathically to the disease it is given to cure. In the regular school, remedies are given which act either similarly, differently, or antagonistically, to the action of the disease, just as experience and reason require; for this is merely giving medicines which act slightly, greatly, or extremely different from the morbid action. It has no objection to the law of similarities as a partial truth, but rejects homœopathy when it claims to be the only true system of medicine. It rejects infinitesimal doses, because they are not only irrational in themselves, but are rejected by the major part of

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the homœopathists also. The more rational of the homœopathists not only use doses which are not homœopathic, but they are also often obliged to fall back upon the remedies of the regular school in many cases of severe suffering and great danger. Hence, as many of the homœopathists use their medicines in an "allopathic" way, and use "allopathic" remedies besides, they must be rejected as long as they publicly claim that homœopathy is an universally true system of medicine. They are simply regarded as recreant "allopathists." They get all their knowledge of anatomy, physiology, surgery, midwifery, etc., etc., from the regular school, and a large portion of their materia medica and therapeutics, and merely use a few new or old remedies in a peculiar way. Whenever they condescend to use their own remedies in a rational and professional way, and give their "allopathic" doses and remedies without mystery or concealment, there will be no quarrel with the Academy of Medicine. Every new remedy which they may discover, every old remedy which they may use in novel and useful ways, will be honestly and carefully tested. The regular school already use many of the so-called homœopathic remedies far more scientifically and wisely than the homœopathists themselves. There is no illiberality against the use of any medicine which is brought forward in a frank, rational and professional way. There is the largest and broadest freedom for the use of any and every remedy which has simple and rational experience in its favor.

P.

New York, Nov., 1867.

News and Miscellany.

Electric State of the Atmosphere in Certain Regions.

In a paper addressed to the French Academy of Sciences, Mr. J. FOURNET treats of a new and curious subject, viz., the electric state of certain regions. In the mountains of the basin of the Rhone and their offshoots, there are some spots distinguished for their evolution of electricity, which is sometimes very remarkable; while others, though apparently identical in surface, are in a state of absolute electric neutrality. Some very striking instances of this are quoted by M. FOURNET. On the night of August 11, 1854, when Mr. BLACKWELL was on the Grands-Mulets, at an altitude of 3,455 metres, the guide, F. COURTET, on leaving the hut, perceived the surrounding ridges apparently on fire. He immediately called to his companion to witness the scene, which was owing to a tempest. Their clothes were literally covered with electric sparks, and their fingers, when held up, were phosphorescent. At that very time Lyons was visited

with a deluge of rain, and the whole day had previously been exceedingly stormy. In 1841, as the same guide was accompanying M. CHENAL up Mont Blanc, they were overtaken by a violent storm, and found themselves enveloped, as it were, in thunder and lightning. All the stones and rocks around them emitted electric flames, and yet the summit of Mont Blanc and the sky around it were perfectly clear. In 1867, TAUSURE, JALABERT, and PICTET were on the Breven, at an altitude of 2,520 metres. They soon experienced a strange prickling sensation at their fingers' ends on stretching them out. The sensation became stronger and stronger, and at length electric sparks could be drawn from JALABERT's hat-band, which was of gold lace, and even from the knob of his cane. As the storm was raging above their heads, they had to descend some 25 or 30 metres, where the influence of this electricity was no longer felt. Another instance of this occurred on the 10th of July, 1863, when Mr. WATSON and several other tourists ascended the Jungfrau, and there the snow itself, which overtook them, proved to be electric.

Dartmouth (N. H.) Medical School.

Dr. DIXIE CROSBY, LL.D., who succeeded the late Dr. MUSSEY in the Professorship of Surgery in the Dartmouth Medical School in 1838, proposes to retire from active connection with the school next year. He will then have completed his 30th course of lectures. Dr. CROSBY is the only member of the Medical Faculty of 1838 now retaining position in the institution. Dr. OLIVER W. HOLMES was then Professor of Anatomy and physiology, and the Hon. JOEL PARKER, LL.D. of Medical Jurisprudence.

Improved Syringe.

Among the patents recently granted, is one to Mr. J. J. ESSEX, of Newport, R. I. It is said to be applicable to all purposes for which a syringe is required, and consequently may be termed an "universal syringe,"—it being capable of being used as an enemata apparatus, or as a double syringe, and is portable and capable of being adapted for use in a moment of time. This improved syringe is of the modern class in which the pump (cylinder and piston) is dispensed with, an elastic belt used instead. The invention consists, 1st, in a receiver, or reservoir, provided with a glass, or transparent plate, inserted in its side, so that when the device is used for enema-giving purposes, a precise quantity of liquid may be used, to wit, a gill, pint, etc., as may be required and this receiver, or reservoir, is designed to accompany the apparatus, and form a part of the same. The invention consists, 2d, in a rose, or perforated nozzle, which is termed a "douche," whereby wounds may be irrigated with a delicate spray of warm or cold water, as may be required. This device is also valuable for cleansing or washing the eyes. The invention consists, 3d, in using in connection with an elastic bulb, as a suction and force pump, an elastic and metallic tube, placed at or attached to opposite ends of the bulb, and using in connection therewith an air chamber, all being so arranged that a continuous

